

RECEIPT # _____

**TROY RECREATION DEPARTMENT'S
FALL SOCCER REGISTRATION
Fall of 2005
(Youth in Grades 1-4)
(Child must be entering first grade September 2005)
DEADLINE: June 11, 2005**

Name _____ Male/Female
Address _____ Phone _____
E-Mail Address _____
Birthdate _____ Age _____
School now attending _____ Grade _____ (Grade as of June 2005)
School next fall _____ Grade _____

(Grade 2005-2006 school year)
Name of last year's soccer coach? _____
Past soccer experience _____
Are you currently on a Select team? _____
Name of parent/guardian _____ Phone _____
Allergic to any medication? _____
Doctor's Name _____ Phone _____
Emergency Call _____ Phone _____

(relative or neighbor)
Date _____ Signature _____

(parent or legal guardian)

MANDATORY EQUIPMENT: Shin guards and tennis shoes. A soccer shirt will be issued in the fall by the Recreation Department. **OPTIONAL EQUIPMENT:** Soccer cleats and shorts or slacks (no bell bottom pants).

Would mother/father like to coach? ___ Yes ___ No Their Name _____

NOTE: All soccer games will be played in the Fall of 2005 school year, beginning in September. Games will be played on Saturdays with possibly a few games during the week (depending on scheduling). All players and referees will be issued a schedule, listing days and times of games.

Shirt Size: (circle one) **Youth Small (6/8)** **Youth Medium (10/12)** **Youth Large (14/16)**
 Adult Small (34/36) **Adult Medium (38/40)** **Adult Large (42/44)**

Registration fee covers the 2005 Fall Soccer Season: team shirt issued by the Recreation Department, referees, equipment and supplies).

REGISTRATION FEES: _____ **\$18.00 – first member of family**
 _____ **\$17.00 – additional members**
 _____ **\$25.00 – fee to register after June 11 deadline if openings are available.**

REFUND POLICY: The Department will make program refunds **ONLY** for the following:

1. If the program is cancelled by the department.
2. If the registered participant moves out of town before the program starts.
3. If the registered participant becomes ill before the program starts and furnishes a Doctor's statement indicating such.

TROY RECREATION DEPARTMENT'S

2004

FALL SOCCER LEAGUE

WAIVER AND RELEASE

We, the undersigned, being the parents of _____,
our son/daughter, being fully aware of the dangers inherent to the sport of soccer,
in consideration of the City of Troy, Troy Recreation Department, and its agents
and servants, do give permission for our child to participate in the Troy Recreation
Department's Fall Soccer League for 2005. We do hereby expressly waive any
and all claims and rights of whatever nature, which may arise against the City of
Troy, Troy Recreation Department, Troy Recreation Director, Troy Soccer
Commission, the supervisory staff of the Troy Soccer League, to their agents or
servants, as a result of injuries incurred by our child while participating in the Troy
Fall Soccer League.

DATE:_____

SIGNATURE:_____
(Parent of Legal Guardian)